

Work Order ID 144370

April 13, 2016 3:45:04 PM

\*144370\*

Page 1

Item ID: D2236 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Lid Rib  
 Start Date: 5/16/2016 Start Qty: 8.00 \*8\* Cust Item ID:  
 Required Date: 5/18/2016 Req'd Qty: 8.00 \*8\* Customer:  
 Reference:

Approvals: Process Plan: SK Date: 20160413 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <u>Draw Nbr</u>                | <u>Revision Nbr</u>                       |                      |         |        |              |               |               |                  |                |
| D2236                          | C                                         |                      |         |        |              |               |               |                  |                |
| 100                            | Large Fab                                 | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          |                                           |                      |         |        |              |               |               |                  |                |
| Large Fab                      | Memo                                      | 1.52                 |         |        |              |               |               |                  |                |
| Large Fab                      | 1- Pick D3166-3 and cut use DT8303        |                      |         |        |              |               |               |                  |                |
|                                | 2- Remove identification markings on tube |                      |         |        |              |               |               |                  |                |
|                                | 3- Deburr                                 |                      |         |        |              |               |               |                  |                |
| 110                            | QC6- Inspect dimensions to drawing        | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |                                           |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                      | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                           |                      |         |        |              |               |               |                  |                |

8 CD 16-05-05  
 CC 16-5-5

MAY 05 2016  
 DAS 24 9-00

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. 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Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                            |                                                |                                               | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. 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Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>            | Thermoforming <input type="checkbox"/>   | Finishing <input type="checkbox"/>        | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>            | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
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| <table style="width:100%; border: none;"> <tr> <td colspan="3" style="text-align: center;"><b>Root Cause</b></td> <td colspan="3" style="text-align: center;"><b>FAULT CATEGORY</b></td> </tr> <tr> <td style="border: none;">Environment <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> No Re-verification</td> <td style="border: none;"><input type="checkbox"/> Pressure/Forced</td> <td style="border: none;"><input type="checkbox"/> Temperature/Cure</td> <td style="border: none;"><input type="checkbox"/> Power Loss/Surge</td> <td style="border: none;"><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td style="border: none;">Design <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Operator</td> <td style="border: none;"><input type="checkbox"/> Bending</td> <td style="border: none;"><input type="checkbox"/> Set-up</td> <td style="border: none;"><input type="checkbox"/> Folio/Program</td> <td style="border: none;"><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td style="border: none;">Doc/Data <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Offset/Setup</td> <td style="border: none;"><input type="checkbox"/> Centre Not Concentric</td> <td style="border: none;"><input type="checkbox"/> BOM/Route</td> <td style="border: none;"><input type="checkbox"/> Grain</td> <td style="border: none;"><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td style="border: none;">Equip/Tooling <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Supplier</td> <td style="border: none;"><input type="checkbox"/> Cracks</td> <td style="border: none;"><input type="checkbox"/> Broken/Damage/Defect</td> <td style="border: none;"><input type="checkbox"/> Weld</td> <td style="border: none;"><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td style="border: none;">Handling/Pre <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Training</td> <td style="border: none;"><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td> <td style="border: none;"><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td style="border: none;"><input type="checkbox"/> Wrong Stock Pulled</td> <td style="border: none;"><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td style="border: none;">Material <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Use for Testing</td> <td style="border: none;"><input type="checkbox"/> Cuffs</td> <td style="border: none;"><input type="checkbox"/> Contamination</td> <td style="border: none;"><input type="checkbox"/> Out of Sequence</td> <td style="border: none;"><input type="checkbox"/> Part Moved</td> </tr> <tr> <td style="border: none;">Internal Transport <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Poor Information</td> <td style="border: none;"><input type="checkbox"/> Crushing</td> <td style="border: none;"><input type="checkbox"/> Countersink</td> <td style="border: none;"><input type="checkbox"/> Off-set</td> <td style="border: none;"><input type="checkbox"/> Drawing</td> </tr> <tr> <td style="border: none;">Tribal Knowledge <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Rushing</td> <td style="border: none;"><input type="checkbox"/> Heat Treat</td> <td style="border: none;"><input type="checkbox"/> Cut Too Short</td> <td style="border: none;"><input type="checkbox"/> Mislabeled</td> <td style="border: none;"><input type="checkbox"/> Finish</td> </tr> <tr> <td style="border: none;">LOA <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Product Improvement</td> <td style="border: none;"><input type="checkbox"/> Wave/Twist in Tube</td> <td style="border: none;"><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td style="border: none;"><input type="checkbox"/> Fit/Function</td> <td style="border: none;"><input type="checkbox"/> Misread</td> </tr> <tr> <td style="border: none;">Substation <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Process Improvement</td> <td style="border: none;"><input type="checkbox"/> Marks/Chatter</td> <td style="border: none;"><input type="checkbox"/> Drill Holes</td> <td style="border: none;"><input type="checkbox"/> Misaligned/off center</td> <td style="border: none;"><input type="checkbox"/> Turning Sequence</td> </tr> <tr> <td style="border: none;">Past Expiry Date <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Manufacturing Process</td> <td colspan="4" rowspan="2" style="vertical-align: top;">OTHER : _____</td> </tr> <tr> <td style="border: none;">Misidentified <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/> Past Due</td> </tr> </table> |                                                                                                  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                                                                                                                                                                                                                                             |                                                            |                                                |                                               | <b>Root Cause</b>                  |                                     |                                    | <b>FAULT CATEGORY</b>                |                                    |                                    | Environment <input type="checkbox"/>       | <input type="checkbox"/> No Re-verification | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge    | <input type="checkbox"/> Positioned Wrong | Design <input type="checkbox"/>    | <input type="checkbox"/> Operator  | <input type="checkbox"/> Bending  | <input type="checkbox"/> Set-up | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | Doc/Data <input type="checkbox"/> | <input type="checkbox"/> Offset/Setup | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | Equip/Tooling <input type="checkbox"/> | <input type="checkbox"/> Supplier | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | Handling/Pre <input type="checkbox"/> | <input type="checkbox"/> Training | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | Material <input type="checkbox"/> | <input type="checkbox"/> Use for Testing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | Tribal Knowledge <input type="checkbox"/> | <input type="checkbox"/> Rushing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | LOA <input type="checkbox"/> | <input type="checkbox"/> Product Improvement | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | Substation <input type="checkbox"/> | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence | Past Expiry Date <input type="checkbox"/> | <input type="checkbox"/> Manufacturing Process | OTHER : _____ |  |  |  | Misidentified <input type="checkbox"/> | <input type="checkbox"/> Past Due |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                           |                                           |                                           |                                                |               |  |  |  |                                        |                                   |

**Work Order ID 144370**

April 13, 2016 3:45:04 PM

**\*144370\***

Page 2

Item ID: D2236

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Lid Rib

Start Date: 5/16/2016 Start Qty: 8.00 **\*8\***

Cust Item ID:

Required Date: 5/18/2016 Req'd Qty: 8.00 **\*8\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursTool ID Tool # Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

Identify as per dwg & Stock Location: WAF 0.00**\*120\***

Packaging

Memo

0.08

Packaging

LOCATION : WA004

8

MAY 05 2016

DAS  
24  
9-89

130

QC21- Final Inspection - Work Order Release 0.00

**\*130\***

QC

Memo

0.80

Quality Control

MAY 06 2016

MCS

1615/9 J

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          | Engineering <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                | Other <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                        | Completed By                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |                                      | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |                                              | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

April 13, 2016 3:45:04 PM

**\*144370\***

**\*D2236\***

**Required Qty: 8.00**

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

2

**\*D3166-3\***

### Basket Hoop

133150\*\*

2  
2.5 C 16-05-05  
CC 16-5-5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

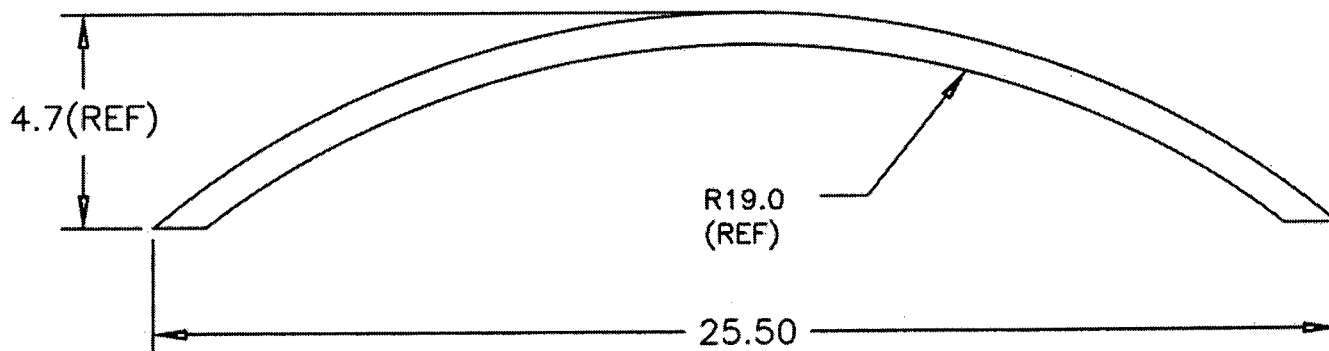
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>DISPOSITION</b><br><br><div style="display: flex; justify-content: space-between;"> <span>Rework <input type="checkbox"/></span> <span>Skid-tube <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Scrap <input type="checkbox"/></span> <span>Machining <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Use-as-is <input type="checkbox"/></span> <span>Thermoforming <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Suspected Unapproved <input type="checkbox"/></span> <span>Large Fab <input type="checkbox"/></span> </div> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <span>Cross tube <input type="checkbox"/></span> <span>Water Jet <input type="checkbox"/></span> <span>Engineering <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Small Fab <input type="checkbox"/></span> <span>Prod. Eng. Coord. <input type="checkbox"/></span> <span>Quality <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Finishing <input type="checkbox"/></span> <span>Rec/Store/Packaging <input type="checkbox"/></span> <span>Other <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Composite <input type="checkbox"/></span> <span>Supplier <input type="checkbox"/></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                       |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  | MRB (QSI042) Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  | Completed By          |  |  |
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| <b>Root Cause</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> </div> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>FAULT CATEGORY</b><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> </div> </div> |  |  |                       |  |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                       |  |  |



|                               |                                |                                                   |                        |
|-------------------------------|--------------------------------|---------------------------------------------------|------------------------|
| DESIGN<br>BW                  | DRAWN BY<br>PH                 | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>[Signature]</i> | APPROVED<br><i>[Signature]</i> | DRAWING NO.<br>D2236                              | REV. C<br>SHEET 1 OF 1 |
| DATE<br>05.06.07              |                                | TITLE<br>LID RIB                                  | SCALE<br>1:4           |
| A                             | 94.05.30                       | NEW ISSUE                                         |                        |
| B                             | 94.12.16                       | LID                                               |                        |
| C                             | 05.06.07                       | UPDATE NOTES, CHANGE RADIUS TO 19.0               |                        |

RELEASED

05-08-19 *[Signature]*



**D2236**

**D2236 LID RIB**

- 1) MAKE FROM D3166-3 BASKET HOOP
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) ALL TOLERANCES AER PER DART QSI 018 UNLESS OTHERWISE NOTED

20160413

*[Signature]* 144370

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